

Board Assurance Framework

The BAF records the status of the principal risks that could impact on NHS Blood and Transplant (NHSBT) ability in achieving its strategic objectives or statutory obligations.

1. Principal Risk Status Summary

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Previous Score
P-01	Donor & Patient Safety	Minimal	<p>Judgement Level (9 to 12)</p>	12	8
P-02	Service Disruption	Minimal	<p>Risk Limit (15 to 25)</p>	20	20
P-03	Service Disruption - Loss of Critical ICT	Minimal	<p>Risk Limit (15 to 25)</p>	15	16
P-04	Donor Numbers & Diversity	Minimal	<p>Judgement Level (9 to 12)</p>	9	
P-05	Finance	Open	<p>Judgement Level (16 to 20)</p>	16	16
P-06	Clinical outcomes and health inequalities	Open	<p>Tolerable risk position (12 to 15)</p>	12	12
P-07	Staff Capacity / Capability / Recruitment / Retention	Open	<p>Judgement Level (16 to 20)</p>	16	16

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Previous Score
P-08	Leaders and Managers	Open	<p>Judgement Level (16 to 20)</p>	16	16
P-09	Regulatory Compliance (Primary Regulators)	Cautious	<p>Optimal Score (8)</p>	8	8
P-10	Change Programme scale & pace	Open	<p>Judgement Level (16 to 20)</p>	16	16

Section 2. Principal Risk Detail

This section of the report provides detail of the principal risks and the contributory risks influencing the score. The section provides detail against the following areas:

Principal Risk Detail Risks that could significantly affect the achievement or performance of NHSBT's priorities / strategic obligations.

Contributory risks Dynamic risk level consisting of current directorate level risks which are influencing the status of the principal risk areas

Detail of risks recorded within the Risk Limit Provides detail of risks recorded at the Risk Limit

Risk Appetite Detail

Appetite Level	Appetite Range				
	Low Risk (considered low risk and managed as such)	Optimal	Tolerance Zone (A level of risk which NHSBT is willing to operate)	Judgement Zone (level of risk which requires management oversight and direction)	Risk Limit (Risk level which cannot be accepted or tolerated)
Minimal	1 to 3	4	5 to 8	9 to 12	15 to 25
Cautious	1 to 6	8	9 to 10	12 to 15	16 to 25
Open	1 to 9	10	12 to 15	16 to 20	25

2.1. Principal Risk - P-01 Donor and Patient Safety






Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend	
There is a risk that harm occurs to a donor or patient owing to failure to control the safety of NHSBT clinical activities				12	Judgement Level (9 to 12)	0		
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy				Blood Strategy
								Cellular & Gene Therapy Strategy
								Education & Training Strategy
								Nursing Strategy
								Organ Strategy
Pathology Strategy								
Managed By	Clinical Risk Manager	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	18-Mar-2024	

Responsible Manager Summary	Progress in management of risk 1 was presented to Clinical Governance Committee on 8th March 2024. The principal risk remains in the judgement zone (score of 12) driven by contributing risk CS-02 "There is a risk of incorrect clinical decision making, due to poor accessibility and integrity of digital patient records, resulting in patient harm." This risk materialised in Oct 2023 as a serious incident and there have been additional near misses linked to the risk. These incidents revealed previously unidentified gaps in the risk control. Corrective action for the serious incident is underway to improve the process of transferring clinical advice into the LIMS. However, mitigation for the risk of incorrect decision making in medical authorisation of non-standard components, due to lack of digitised patient records in Hospital Services, has not yet been identified.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Clin-01 Application of Learning to Clinical Safety	22-May-2023	4	2	8	06-Jun-2023		Clinical Governance

								Committee
Clin-02	Manual processes and paper-based systems	23-May-2023	4	2	8	06-Jun-2023		Clinical Governance Committee
Clin-03	Transmission of disease by a previously unidentified agent	22-May-2023	5	1	5	06-Jun-2023		Clinical Governance Committee
Clin-04	Review of new tests & deferral processes	22-May-2023	4	2	8	06-Jun-2023		Clinical Governance Committee
Clin-05	Advice and education	22-May-2023	4	2	8	08-Feb-2024		Clinical Governance Committee
CS-02	Incorrect clinical decision making	15-Jun-2023	4	3	12	08-Feb-2024		Clinical Services





2.2. Principal Risk - P-02 Service Disruption

Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT is unable to deliver safe and effective products and services caused by a disruption to one or more of NHSBT's critical activities resulting in an adverse impact to patient care.				20	Risk Limit (15 to 25)	1	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	Assistant Director Governance and Resilience	Responsible Executive	Director of Quality	Oversight Committee	Risk Management Committee	Date Assessed	04-Mar-2024

Responsible Manager Summary	Southampton remains the main driver of the score, a review of this risk with the AD Estates, Facilities & Sustainability left the score at the current level with changes to be considered once the contractors have been briefed. Areas with significant health and safety risk are not in use and access is restricted.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
BC-01	Pandemic Disease.	01-Mar-2023	5	1	5	20-Feb-2024	 Risk Management Committee
BC-02	Severe Weather.	01-Mar-2023	4	2	8	20-Feb-2024	 Risk Management Committee
BC-03	Power Failure.	01-Mar-2023	5	2	10	20-Feb-2024	 Risk Management Committee
BS-01	Blood Pack Plasticiser (DEHP)	29-Jun-2020	4	3	12	26-Feb-2024	 Blood Supply Chain (BSC)

BS-02	Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	3	12	22-Feb-2024		Blood Operational Leadership Team (BOLT)
E&F-016	Southampton Unsupported Potential Roof Collapse	07-Dec-2023	5	4	20	05-Mar-2024		
MO-09	Irradiation Enforcement Notice	06-Oct-2017	4	3	12	02-Feb-2024		Blood Operational Leadership Team (BOLT)

Detail of Contributory Risk Recorded at the Risk Limit

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
E&F-016	Southampton Unsupported Potential Roof Collapse	07-Dec-2023	5	4	20	05-Mar-2024	

Risk Description	There is a risk of injury and possible loss of lives to staff and personnel caused by accessing areas of the Southampton Centre with RAAC issues, without roof propping (VAT room 3, corridors, former donor suite, and former hospital services department), resulting in serious injuries, death, sanctions and penalties from regulation and damage to NHSBT reputation,
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	Mitigating Control	Effectiveness	Gap In Control
Management	1. Propped roofs to manage weak roof and enable possible access to complete regulatory mandated responsibilities like fire alarm testing, isolation of water and electrical services where possible, etc. 2. Use of PPE by staff at the moment for possible access where required. 3. Permit to work must be completed to access these areas. 4. The business must re-provision or relocate essential services to available location or spaces e.g. relocation to the garage area; portakabins or containers could be used in this area.	Partially effective	1. Close the areas of the building affected by the RAAC risks. 2. The business will need to make a critical decision on whether to replace the roof, relocate the entire centre, and move all products and services out.

	Source of Assurance	Effectiveness	Gaps in Assurance
Assurance	1. PPEs are available. Already procured. And being used by staff exposed to the risk e.g. clinical staff	Moderate	1. Closure of the building then full restoration of the centre after comprehensive repairs.

Treatment (Action)	Action Title	Action Status	Due Date	Assigned to
	Roof Remedial Supports	In Progress	30-Jun-2024	Regional Estates and Facilities Manager

2.3. Principal Risk - P-03. Service Disruption - Loss of Critical ICT



Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk of full or partial loss of functionality in NHSBT's critical IT systems, caused by multiple elements, resulting in interruption to the delivery of NHSBTs objectives				15	Risk Limit (15 to 25)	1	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Data & Technology Strategy		
Managed By	Interim Chief Digital & Information Officer	Responsible Executive	Chief Digital and Information Officer	Oversight Committee	Risk Management Committee	Date Assessed	04-Mar-2024


Responsible Manager Summary	<p>Risk assessed due to deep dive in RMC & ARGC in November 2023. All contributory risks reviewed and updated, a number of scores amended accordingly which were reviewed in RMC. Good feedback received from RMC on the management of this risk in terms of grip and control.</p> <p>Risk remains red due to red status of Cyber Security contributory risk; controls and actions are in place to contain and/or limit the damage that could occur after we have been successfully breached in a cyber-attack</p>
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Contributory Risks


Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DDTS-03 Inability to deliver on DDTS demand	31-Jul-2019	3	4	12	06-Feb-2024		DDTS SMT
DDTS-04 DDTS Financial resources	31-Jul-2023	4	3	12	12-Feb-2024		DDTS SMT
DDTS-06 IT Service Continuity Management	31-Jul-2019	4	3	12	14-Feb-2024		Digital, Data and Technology Services (DDTS) SMT


DDTS-07	DDTS Suppliers	12-Oct-2020	4	2	8	06-Feb-2024		DDTS SMT
DDTS-08	Cyber Security	27-Oct-2023	5	3	15	19-Feb-2024		



Detail of Contributory Risk Recorded at the Risk Limit

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DDTS-08 Cyber Security	27-Oct-2023	5	3	15	19-Feb-2024		

Risk Description	<p>There is a risk that: NHSBT falls victim to a successful cyber-attack. Caused by: Targeted exploitation of staff behaviours, technical or supply chain vulnerabilities, or malicious actions by rogue actors. Resulting in: The loss of critical systems availability, integrity or confidentiality, data loss, reputational damage, breach of legislative requirements, potential patient harm, loss of trust within both the NHS and from the public, fines or loss of licences to operate.</p>
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	Mitigating Control	Effectiveness	Gap In Control
Management	<ul style="list-style-type: none"> • Cyber Security Ops Centre (CSOC) - Cyber provides observability services to detect and prevent cyber security risks • Mandatory training course • Quarterly phishing campaigns and subsequent training - Issue of regular phishes to help educate and inform staff • SAFE campaign • CNI backups • Automated vulnerability management - capability to allow effective vulnerability of decisions to be made at pace • Automated device controls - Implementation of automated controls across the device fleet • Access controls - Active Directory and Role Based Access Controls (RBAC) • Device firewall protections • Security and Resilience by design • Zero trust network access / Network segregation 	 Partially effective	<ol style="list-style-type: none"> 1. No CNI services are integrated with Cyber Observability Tools 2. Users CAN fail to adopt training. Inability to rapidly mobilise training for emergent events 3. Low take up and poor implementation of training 5. No regular restoration exercises, no offline backups, no tested procedures and processes for back ups. No regular audit of back ups including Recovery Point Objective (RPO) and Recovery Time Objective (RTO) 6. Tool capabilities are not maximised due to training or coverage gaps. 7. Lack of enforced configurations 8. Limited integrations and use 9. No firewall protections for Azure services


	<ul style="list-style-type: none"> • Technical Leadership Group • Security Ops Board • Security Governance Board • Information Governance Committee • Risk Management Committee • Clinical Governance Committee • ARGC 	 Partially effective	Meetings may lack full attendance of delegates
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	Source of Assurance	Effectiveness	Gaps in Assurance
Assurance	1. Organogram & structures 2. Course content and completion statistics via ESR 3. Click rates and training completion rates 4. Campaign materials and attendance	 Moderate	
	Meeting agendas and minutes	 Moderate	

	Action Title	Action Status	Due Date	Assigned to
Treatment (Action)	Review and improve BIAs & BCPs	Assigned	31-Aug-2025	Head of Business Continuity
	Targeted training at phishing campaign repeat triggers	In Progress	30-Jun-2024	Head of Information and Data Governance and Records
	Cyber exercise to be undertaken with NHSBT Board	In Progress	30-Jun-2024	Deputy CIO DDTS
	Technical Data protection controls	In Progress	31-Dec-2027	Assistant Director Live Services
	Create an IT Operations Centre to centralise and standardise IT service management and observability	In Progress	31-Dec-2026	Deputy CIO DDTS
	Deploy asset management controls	In Progress	31-Mar-2025	Head of Information Security
	Deploy monitoring controls: SolarWinds	In Progress	30-Jun-2024	Assistant Director Live Services
	Align backups with best practice across all critical services	In Progress	31-Mar-2025	Deputy CIO DDTS
	Deployment of EMVO (Environmental monitoring and observation tool)	Assigned	28-Feb-2025	Head of Information Security




2.4. Principal Risk - P-04. Donor Numbers & Diversity


Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT fails to deliver or achieves its corporate strategy requirements, caused by failure to attract, educate or convert the required numbers and diversity of donors, resulting in reduction in available substances of human origin, health inequalities and increased scrutiny by external bodies.				9	Judgement Level (9 to 12)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Blood Strategy		
Managed By	Deputy Director Donor Experience and Communications; Risk Manager (OTDT & Donor Experience)	Responsible Executive	Deputy Chief Executive	Oversight Committee	Risk Management Committee	Date Assessed	15-Mar-2024

Responsible Manager Summary	The Principal Risk was assessed as part of the March DXC Risk & Assurance Committee. The current judgement level was retained.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-01	Failure to Attract and Retain Donors	19-Nov-2021	3	3	9	28-Nov-2023	 Risk Management Committee
DX-04	Poor Donor Experience	20-May-2019	3	3	9	11-Mar-2024	 Risk Management Committee
DX-20	Capacity of the Collection Programme	22-Nov-2022	4	2	8	28-Nov-2023	 Risk Management Committee

DX-22	Unable to get approval for further spend	29-Nov-2022	3	2	6	25-Oct-2023		Donor Experience SMT; Risk Management Committee
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2.5. Principal Risk - P-05. Finance




Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT is unable to maintain long term financial sustainability caused by insufficient funding or unexpected cost increases resulting in NHSBT being unable to meet expectations or obligations				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Achieving and maintaining Financial balance			Linked NHSBT Strategy	Finance Strategy		
Managed By	Financial Services Manager & Local Counter Fraud Specialist	Responsible Executive	Chief Financial Officer	Oversight Committee	Finance Senior Management Team (FSMT)	Date Assessed	15 March 2024

Responsible Manager Summary	No current changes to this Risk, this risk remains the same., any impact on reduction of NHSBT Central Revenue would be given to NHSBT well in advance so changes could be made to budget plans as needed.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Fin 01	Financial Systems Risk	13-Apr-2023	4	3	12	18-Mar-2024	Risk Management Committee
Fin 02	Risk of Insufficient Funding	13-Apr-2023	4	3	12	18-Mar-2024	Risk Management Committee
Fin 03	Deterioration of Cash Reserves	13-Apr-2023	4	2	8	18-Mar-2024	Risk Management Committee
Fin 04	Risk of Damage to NHSBT Reputation	13-Apr-2023	3	3	9	18-Mar-2024	Risk Management

								Committee
Fin 05	Operational Failure	17-Jul-2023	4	2	8	18-Mar-2024		
Fin 06	Financial Management Budget & Forecasting	19-Jun-2023	2	1	2	18-Mar-2024		
Fin 07	Work Force Management & Retention	19-Jun-2023	3	3	9	12-Dec-2023		



2.6. Principal Risk - P-06. Clinical Outcome of Patients

Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend	
There is a risk that NHSBT fails to deliver continuous improvements to its service provision, caused by a lack of comprehensive information about the clinical outcomes of patients we treat, or who receive our products, resulting in a failure to achieve our strategic ambition of reducing health inequalities and providing every patient with the treatment or donation they need.				12	Tolerable risk position (12 to 15)	0		
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy				Blood Strategy
								Cellular & Gene Therapy Strategy
								Pathology Strategy
Managed By	Clinical Risk Manager	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	18-Mar-2024	

Responsible Manager Summary	Principal risk 6 was the subject of a risk workshop attended by Chief Nursing Officer and Chief Medical Officer on 18th March 2024. The workshop was convened because it has proved difficult to identify the contributing risks and mitigations to the risk as currently articulated. Following discussion at the workshop, it was agreed that lack of patient outcomes is a risk contributing to patient safety (i.e. principal risk 1). Also that health inequality and interoperability of our systems with outside data sources are additional contributory risks to principal risk 1, which are being addressed by NHSBT strategy and business planning. A briefing paper will be circulated to governing committees, proposing removal of principal risk 6 and broadening of principal risk 1 to include patient outcome, health inequality and interoperability.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Clin-06 Innovation in therapeutic apheresis and peripheral blood stem cell collection	07-Jun-2023	4	3	12	16-Oct-2023		Clinical Governance Committee
Clin-07 Opportunities to improve clinical outcome for stem cell patients	07-Jun-2023	4	3	12	18-Oct-2023		Clinical Governance

								Committee
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2.7. Principal Risk - P-07. Staff capacity, capability, recruitment & retention

Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that a lack of capacity, capability and / or flexibility in our workforce, caused by challenges in our attraction, recruitment and retention strategies, prevent us from delivering our strategic priorities or core functions.				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	Assistant Director - HS&W	Responsible Executive	Chief People Officer	Oversight Committee	People Committee	Date Assessed	18-Mar-2024


Responsible Manager Summary	Raised at SMT that business plan risk People 011 needs to be updated and agreed at SMT deep dive on 14th March that this would be reviewed again in May 2024.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
PEOPLE-01	Lack of Succession Planning	23-Jan-2017	3	3	9	23-Jan-2024	 People Committee
PEOPLE-02	Occupational Health Service	23-Jan-2017	2	3	6	06-Feb-2024	 People Committee
PEOPLE-06	Staff Capacity / Capability / Recruitment / Retention	26-Jul-2022	4	3	12	02-Jan-2024	 People Committee
PEOPLE-11	People Business Plan Performance Risk	07-Jun-2023	4	4	16	16-Oct-2023	 People Committee



2.8. Principal Risk - P-08. Managers skills and capability

Principal Risk Detail


Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT lack the skills and capabilities for leaders and managers required in today's NHS to create a high-performing, inclusive environment, and to deliver our strategic priorities				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	Assistant Director - HS&W	Responsible Executive	Chief People Officer	Oversight Committee	People Committee	Date Assessed	06-Feb-2024

Responsible Manager Summary	<p>DX21 risk has been added as per action from SMT last month.</p> <p>Key Risk Indicators (KRI) were discussed at People SMT in January with review of guide produced by Corporate Risk and for further review at People risk review meeting in February, to plan how implementation could be achieved and then go back to People SMT with plan for approval.</p>
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Contributory Risks


Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-21	Staff Capacity / Single Point of Failure	29-Nov-2022	2	3	6	27-Mar-2023	 Risk Management Committee
PEOPLE-05	Leaders and managers lack the skills and capabilities	20-Jun-2022	4	4	16	18-Dec-2023	 People Committee

Detail of Contributory Risk Recorded in the Judgement, where a request has been made to escalate to the Board Assurance Framework

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
PEOPLE-05	Leaders and managers lack the skills and capabilities	20-Jun-2022	4	4	16	18-Dec-2023	 People Committee

Risk Description	There is a risk that our leaders and managers lack the skills and capabilities required in today's NHS to create a high-performing, inclusive environment, and to deliver our strategic priorities.
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	Mitigating Control	Effectiveness	Gap In Control
Management	<ol style="list-style-type: none"> 1. People Directorate Business Plan 2. Diversity & Inclusion (D&I) Embedded in Policy – to query if any change 3. Personal Development Plan Review (PDPR) Processes (inc. Training Gateway review and completion of mandatory training) 4. Clear expectations included in PDPR 5. Updated Support for Development Policy 6. New suite of leadership development offering through elearning/blended and face to face learning 7. Internal and External Coaching offer which includes: Coaching Offer for Senior Leaders, Internal Faculty that Delivers Coaching, Digital Coaching Service for Middle Managers and Manager as Coach. 8. Tracking professional development / revalidation by Educational Leads in Clinical areas 9. Freedom to Speak Up Guardians 10. Workforce Race Equality Standard Action Plan 11. Workforce Disability Equality Standard Action Plan 12. NHSBT Values and Behaviours 13. NHSBT Code of Conduct 14. Management Training prioritisation of middle managers. 15. It an essential requirement that all Hiring Managers must complete the NHSBT Recruitment and Selection training in order to be able to recruit at NHSBT. This is a ensures that Hiring Managers are at a standard level of capability and understand to recruit new colleagues. 16. Talent Acquisition and Recruitment team provides support, direction and guidance to Hiring Managers when planning and completing recruitment, and continuing to drive compliance. 	 Partially effective	Further improvement in Internal and External Coaching Offer needed.

	Source of Assurance	Effectiveness	Gaps in Assurance
Assurance	1. Mandatory Training and PDPR Dashboard 2. D&I Programme Board and EDI Consultative Council 3. Reports on workforce profile characteristics 4. Monitoring cases requiring resolution as per Code of Conduct 5. Staff Survey and engagement scores 6. Staff Networks 7. Coaching supervision 8. Monitoring of Freedom to Speak Up cases 9. Monitoring of participation in Edward Jenner 1st Line Manager / Mary Seacole programme / Art of management / Women into leadership / Manager essentials. 10. Leadership Management Delivery Report (quarterly report) which monitors managers' level of confidence before and after attending leadership training.	 Moderate	Further assurance on PDPR process required.

	Action Title	Action Status	Due Date	Assigned to
Treatment (Action)	Review of Personal Development and Performance Review (PDPR) process and expectations as part of the Talent and Performance Project	In Progress	30-Jun-2024	
	Improve Internal and External Coaching offer - Strategy and Design	In Progress	30-Apr-2025	
	Leadership Performance and Culture Management Team to discuss and agree - Skills and capability, high performance; definitions and outcomes	Assigned	30-Apr-2024	Head of Organisational Development & Engagement
	Manager Development Capability Framework - progress	Assigned	30-Apr-2024	Head of Organisational Development & Engagement

2.9. Principal Risk - P-09. Regulatory Compliance (Primary Regulators)

Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
<p>There is a risk that NHSBT will become non-compliant with current or emerging regulations which could result in NHSBT being subject to significant regulatory action and/or licences being revoked. This would impact on the ability of NHSBT to provide critical services and products and/or have a serious impact on patient safety. It also has the potential to significantly, and detrimentally, affect the reputation of the organisation. (CQC = Care Quality Commission / HTA = Human Tissue Authority / MHRA = Medicines & Healthcare products Regulatory Agency)</p>				8	Optimal Score (8)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	Lead Quality Specialist	Responsible Executive	Director of Quality	Oversight Committee	Risk Management Committee	Date Assessed	04-Mar-2024

Responsible Manager Summary	Principal Risk 09 continues to be reviewed at the monthly Quality SMT, and at a monthly strategic risk review meeting with the risk owner (Director of Quality). An emerging risk relating to the use of e-signatures in the organisation is currently being articulated, and will be reviewed at Quality SMT in March 2024, and is likely to be a contributory risk for Principal Risk 09.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee	
QA-01	Quality Management System	19-Feb-2021	4	2	8	15-Aug-2023		Risk Management Committee
QA-02	Regulatory Horizon Scanning	19-Feb-2021	4	2	8	06-Feb-2024		Risk Management Committee

2.10. Principal Risk - P-10. Change Programme - Scale and Pace

Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that implementation of our strategy will be delayed because the scale and pace of our change programme is insufficient to realise benefits.				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Corporate Strategy			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	PMO Portfolio Analyst; Assistant Director Transformation Portfolio Management	Responsible Executive	Deputy Chief Executive	Oversight Committee	Risk Management Committee	Date Assessed	15-Mar-2024

Responsible Manager Summary	Contributory risks reviewed March 15th ahead of due review date, these are S&T-02, S&T-03 and S&T-04. Overall status across all three residual risk has improved as a result of completed actions. Actions to further mitigate included.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee	
S&T-01	Portfolio Finances	05-Oct-2023	2	4	8	23-Oct-2023	↑	Director of Strategy & Transformation
S&T-02	Subject Matter Expertise Portfolio Capacity & Capability	05-Oct-2023	3	4	12	15-Mar-2024	↓	Director of Strategy & Transformation
S&T-03	Spend Controls	05-Oct-2023	2	2	4	15-Mar-2024	↓	Director of Strategy & Transformation
S&T-04	Planning & Business Change	07-Nov-2023	3	2	6	15-Mar-2024	↓	